

Department of General Services/Office of Legal Services

TRAINING CLASS REGISTRATION FORM

Please use this registration form to register participants in requested courses. One student per form. Submit the form to the Department of General Services at 707 Third Street, 7th Floor, West Sacramento, CA 95605, via fax to (916) 376-5088. Questions may be directed to (916) 376-5092. **Do not send checks** billing is through the electronic fund transfer process using your DGS billing code only.

STUDENT INFORMATION

Name _____

Telephone _(____)_____ FAX _(____)_____

Agency/Department _____

Agency Address/Zip _____

Internet E-mail Address _____ @ _____

COURSE INFORMATION

Title _____

Date(s) _____
(1st choice) (2nd choice) (3rd choice)

Cost _____ Agency Billing Code **(Mandatory-No Checks accepted)**: _____

Cancellations must be received 10 working days prior to the course or departments will be charged full tuition.

DEPARTMENT CONTACT/TRAINING COORDINATOR

Name _____

Address _____

Telephone _(____)_____ FAX _(____)_____

Internet E-mail Address _____ @ _____

Authorizing Signature _____

(The signature of the Department Contact/Training Coordinator must be included on this form.)

Please advise if any student requires reasonable accommodation under the ADA.